

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

Nita Lowey for Congress

ADDRESS (number and street)  
▼

PO Box 271

☐Check if different  
than previously  
reported. (ACC)

White Plains

NY

10605

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00219881

3. IS THIS  
REPORT ☐NEW  
(N)

OR

☒AMENDED  
(A)

NY

18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

09

09

2008

in the  
State of

NY

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2008

through

08

20

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard Melnikoff

Signature of Treasurer

Electronically Filed by Richard Melnikoff

Date

01

31

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Nita Lowey for Congress

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 0 8

To:

M M  
0 8D D  
2 0Y Y Y Y  
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	23365.62	1222056.54
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	5000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	23365.62	1217056.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	43530.86	657071.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	52.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	43530.86	657019.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1098088.55	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Nita Lowey for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	2	0	2	0	0	8

## I. RECEIPTS

COLUMN A  
Total This PeriodCOLUMN B  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

3725.00

958610.00

(ii) Unitemized.....

629.00

52265.50

(iii) TOTAL of contributions

from individuals..... ▶

4354.00

1010875.50

11.62

196.04

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACS).....

19000.00

210985.00

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

23365.62

1222056.54

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....

0.00

0.00

## 13. LOANS

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

## 14. OFFSETS TO OPERATING

EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

52.68

## 15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

1034.07

21338.56

## 16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

24399.69

1243447.78

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43530.86	657071.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	4000.00
(b) Political Party Committees.....	0.00	1000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5000.00
21. OTHER DISBURSEMENTS.....	2000.00	398275.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	45530.86	1060346.82

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1119219.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	24399.69
25. SUBTOTAL (add Line 23 and Line 24).....	1143619.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45530.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1098088.55

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Ellen Baumgarten

Mailing Address 1255 5th Avenue  
#3E

City State Zip Code  
New York NY 10029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: C17658885

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Janet Bell

Mailing Address 2 Penn Boulevard

City State Zip Code  
Scarsdale NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 8

Transaction ID: C17661870

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Roberta Cymbrowitz

Mailing Address 28 Carriage Court

City State Zip Code  
Scarsdale NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastchester Public Schools

Occupation  
Teacher

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 7 / 2 0 0 8

Transaction ID: C17657572

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Scott J Fleming

Mailing Address 3467 Mildred Drive

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgetown University

Occupation

Assistant to the President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: C17662665

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Arthur Goldstein

Mailing Address 940 Sylvan Lane

City

Mamaroneck

State

NY

Zip Code

10543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AGA Assoc.

Occupation

Investment Advisor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 8

Transaction ID: C17657570

Amount of Each Receipt this Period

75.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Alissa W. Hackmann

Mailing Address 8 Bayford St

City

Larchmont

State

NY

Zip Code

10538-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: C17661869

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Robert Hanna

Mailing Address 497 New Rochelle Road

City

Bronxville

State

NY

Zip Code

10708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Endico Potatoes

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: C17662474

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

William F. Plunkett

Mailing Address 45 Benedict Avenue

City

Tarrytown

State

NY

Zip Code

10591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Plunkett Jaffe PC

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: C17662668

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

3725.00

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.**C** C00000935

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

196.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	8

Transaction ID: C17674175

Amount of Each Receipt this Period

11.62

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Fundraising Services

SUBTOTAL of Receipts This Page (optional) .....

11.62

TOTAL This Period (last page this line number only) .....

11.62



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

American Dental Political Action Committee

Mailing Address 1111 14th Street NW #1100

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00000729

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 8

Transaction ID: C17668763

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THE

Mailing Address 1111 North Fairfax Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C** C00012880

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: C17689636

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN PODIATRIC MEDICAL ASSOCIATION INC PODIATR

Mailing Address 9312 OLD GEORGETOWN ROAD

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

**C** C00008839

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 7 / 2 0 0 8

Transaction ID: C17662061

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Bechtel Group Inc. PAC

Mailing Address 50 Beale Street  
PO Box 193965City State Zip Code  
San Francisco CA 94119FEC ID number of contributing  
federal political committee.**C** C00103697

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: C17665378

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

BIOTECHNOLOGY INDUSTRY ORGANIZATION PAC (BIO PAC)

Mailing Address 1201 Maryland Ave S. W. Suite 900  
SUITE 400City State Zip Code  
Washington DC 20024FEC ID number of contributing  
federal political committee.**C** C00355677

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: C17662675

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

Burlington Northern Santa Fe Corp RAILPAC

Mailing Address Post Office Box 961039  
3017 Lou Menk DriveCity State Zip Code  
Fort Worth TX 76102FEC ID number of contributing  
federal political committee.**C** C00235739

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: C17662674

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Citizens For Global Solutions

Mailing Address C/o Citizens For Global Solutions  
418 7th Street SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00043992

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 17 2008

Transaction ID: C17688770

Amount of Each Receipt this Period

-1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Ave, NW, Ste. 600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00007880

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 20 2008

Transaction ID: C17689637

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Goldman Sachs Group, Inc. PAC

Mailing Address 1101 Pennsylvania Ave, NW  
Suite 900

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00350744

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2008

Transaction ID: C17662669

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**Full Name (Last, First, Middle Initial)  
KRAFT FOODS GLOBAL INC. POLITICAL ACTION COMMITTEEMailing Address 975 F Street NW  
Ste. 1000City State Zip Code  
Washington DC 20004FEC ID number of contributing  
federal political committee. **C** C00077701

Name of Employer

Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: C17663471

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)  
Laborers' Political League-Laborers' International

Mailing Address 905 16th Street NW

City State Zip Code  
Washington DC 20006FEC ID number of contributing  
federal political committee. **C** C00007922

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
7500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: C17689638

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)  
Lockheed Martin Employees PAC

Mailing Address 1550 Crystal Drive, Suite 300

City State Zip Code  
Arlington VA 22202FEC ID number of contributing  
federal political committee. **C** C00303024

Name of Employer

Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: C17661863

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Treasury Employees Political Action Committee

Mailing Address 901 E Street NW #600

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.**C** C00107128

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	0	8

Transaction ID: C17658897

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

TYCO ELECTRONICS CORPORATION POLITICAL ACTION COMM

Mailing Address 607 14th Street, NW  
Ste. 550

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C** C00433482

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	0	8

Transaction ID: C17658893

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (F

Mailing Address 1717 ARCH STREET 47TH FL S

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing  
federal political committee.**C** C00186288

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Transaction ID: C17662670

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 36

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Washington PAC

Mailing Address 444 N Capitol Street NW #712

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.**C** C00138560

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Transaction ID: C17662673

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

19000.00

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Chase Manhattan Bank

Mailing Address 349 Fifth Avenue

City

New York

State

NY

Zip Code

10016-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: C17688831

Amount of Each Receipt this Period

18.06

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Citibank, N.A.

Mailing Address PO Box 5870

City

New York

State

NY

Zip Code

10163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20828.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: C17688926

Amount of Each Receipt this Period

1016.01

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1034.07

**TOTAL** This Period (last page this line number only) .....

1034.07

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Merchant Services Mailing Address PO Box 53852	<b>Transaction ID:</b> D327934 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 0 8</div> </div>
City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>4.50</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Merchant Services Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D327935 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>5.95</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Merchant Services Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D327936 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>527.27</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**537.72**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Express Merchant Services

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

Merchant Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D327937

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
American Express Merchant Services

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

Merchant Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D327938

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
American Express Merchant Services

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D327939

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**227.75**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Beta Parking Mailing Address 545 5th Avenue	<b>Transaction ID:</b> D323749 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City State Zip Code New York NY 10017 Purpose of Disbursement Monthly Parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div>400.46</div> <div> <input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53         </div> </div>
<b>B.</b> Full Name (Last, First, Middle Initial) Chase Merchant Services Mailing Address 45 Knollwood Road City State Zip Code Elmsford NY 10523 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D327932 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div>78.20</div> <div> <input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53         </div> </div>
<b>C.</b> Full Name (Last, First, Middle Initial) Chase Merchant Services Mailing Address 45 Knollwood Road City State Zip Code Elmsford NY 10523 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D327933 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div>78.20</div> <div> <input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53         </div> </div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**556.86**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) CTS Holdings, LLC	<b>Transaction ID:</b> D327950 <b>Date of Disbursement</b>
Mailing Address 2525 Horizon Lake Drive, Suite 120	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 0 8</div> </div>
City Memphis State TN Zip Code 38133	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Merchant Fee	<div> <div>35.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) CTS Holdings, LLC	<b>Transaction ID:</b> D327951 <b>Date of Disbursement</b>
Mailing Address 2525 Horizon Lake Drive, Suite 120	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 0 8</div> </div>
City Memphis State TN Zip Code 38133	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Merchant Fee	<div> <div>35.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Deer Park Spring Water	<b>Transaction ID:</b> D327952 <b>Date of Disbursement</b>
Mailing Address Processing Center PO Box 52271	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div>
City Phoenix State AZ Zip Code 85072-2271	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office Supplies	<div> <div>59.27</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**129.27**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	<b>Transaction ID:</b> D326534 <b>Date of Disbursement</b>
Mailing Address 430 South Capitol Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Fundraising Services	<div> <div>11.62</div> </div>
Candidate Name Democratic Congressional Campaign Committee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	* In-Kind Received
<b>B.</b> Full Name (Last, First, Middle Initial) Kimberly L. DiTomaso	<b>Transaction ID:</b> D323781 <b>Date of Disbursement</b>
Mailing Address 131 Reid Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City Breezy Point State NY Zip Code 11697	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Reimbursement	<div> <div>596.52</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) FEDEX	<b>Transaction ID:</b> D327953 <b>Date of Disbursement</b>
Mailing Address PO BOX 1140	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div>
City Memphis State TN Zip Code 38101	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Deliveries	<div> <div>347.98</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

956.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) FMBS Merchant Services	<b>Transaction ID:</b> D327940 <b>Date of Disbursement</b>
Mailing Address 2 Westbrook Drive Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 8</div> </div>
City Westchester State IL Zip Code 60154	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Merchant Fee	<div> <div></div> <div>30.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FMBS Merchant Services	<b>Transaction ID:</b> D327941 <b>Date of Disbursement</b>
Mailing Address 2 Westbrook Drive Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 2 / 2 0 0 8</div> </div>
City Westchester State IL Zip Code 60154	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Merchant Fee	<div> <div></div> <div>9.95</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FMBS Merchant Services	<b>Transaction ID:</b> D327942 <b>Date of Disbursement</b>
Mailing Address 2 Westbrook Drive Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City Westchester State IL Zip Code 60154	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Merchant Fee	<div> <div></div> <div>30.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**69.95**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) G.E. Capital Mailing Address PO BOX 642111	<b>Transaction ID:</b> D327954 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div>
City State Zip Code Pittsburgh PA 15264 Purpose of Disbursement Equipment Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>568.39</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Impressive Paper and Envelope Company Mailing Address 139 East Prospect Avenue City State Zip Code Mamaroneck NY 10543 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D323747 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>6335.13</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Key Post Realty Corp. Mailing Address PO Box 26 City State Zip Code New Rochelle NY 10802 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D327929 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1466.66</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**8370.18**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Key Post Realty Corp.	<b>Transaction ID:</b> D327930 <b>Date of Disbursement</b>
Mailing Address PO Box 26	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 8</div> </div>
City New Rochelle State NY Zip Code 10802	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office Rent	<div> <div>1466.66</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) National Herald, Inc.	<b>Transaction ID:</b> D323772 <b>Date of Disbursement</b>
Mailing Address 37-10 30th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City Long Island City State NY Zip Code 11101-2614	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Journal Advertisement	<div> <div>132.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) NetCampaign, LLC	<b>Transaction ID:</b> D323748 <b>Date of Disbursement</b>
Mailing Address 4704 46th St, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20016	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Web Hosting and Maintenance	<div> <div>135.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1733.66**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) NGP Software, Inc.	<b>Transaction ID:</b> D323774 <b>Date of Disbursement</b>
Mailing Address 5039 Connecticut Ave, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20008 Purpose of Disbursement Software License Fees Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>1950.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Noam Bramson	<b>Transaction ID:</b> D327925 <b>Date of Disbursement</b>
Mailing Address 201 Pinebrook Boulevard	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 8</div> </div>
City New Rochelle State NY Zip Code 10804 Purpose of Disbursement Political Consulting Services Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>3750.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Noam Bramson	<b>Transaction ID:</b> D327926 <b>Date of Disbursement</b>
Mailing Address 201 Pinebrook Boulevard	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 0 8</div> </div>
City New Rochelle State NY Zip Code 10804 Purpose of Disbursement Political Consulting Services Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>3750.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**9450.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Peake DeLancey Printers LLC	<b>Transaction ID:</b> D323771 <b>Date of Disbursement</b>
Mailing Address 2500 Schuster Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City Cheverly State MD Zip Code 20781	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Printing	<div> <div>3553.18</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Rockland Review	<b>Transaction ID:</b> D327955 <b>Date of Disbursement</b>
Mailing Address 26 Snake Hill Rd. West ack,	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div>
City West Nyack State NY Zip Code 10994	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Journal Advertisement	<div> <div>150.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ryan Phillips Utrecht & MacKinnon	<b>Transaction ID:</b> D323773 <b>Date of Disbursement</b>
Mailing Address 1133 Connecticut Avenue NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Legal Services	<div> <div>150.99</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3854.17**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)  
SunTrust Merchant Services

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D327956

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
SunTrust Merchant Services

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D327958

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
TerraPath

Mailing Address PO BOX 270

City Larchmont State NY Zip Code 10538

Purpose of Disbursement

Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D327959

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**719.59**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) The Frost Group Mailing Address 2737 Devonshire Place, NW #325	<b>Transaction ID:</b> D327927 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20008 Purpose of Disbursement Fundraising Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) The Frost Group Mailing Address 2737 Devonshire Place, NW #325 City Washington State DC Zip Code 20008 Purpose of Disbursement Fundraising Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D327928 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Twenty First Century Group, Inc. Mailing Address 434 New Jersey Ave, SE City Washington, State DC Zip Code 20003 Purpose of Disbursement Site Rental/Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D327945 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**11000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

**A.** Full Name (Last, First, Middle Initial)  
Twenty First Century Group, Inc.

Mailing Address 434 New Jersey Ave, SE

City Washington, State DC Zip Code 20003

Purpose of Disbursement  
Site Rental/Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D327946

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
U.S. Postmaster

Mailing Address 620 Mamaroneck Ave

City White Plains State NY Zip Code 10605

Purpose of Disbursement  
PO Box Rental Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D323770

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address PO BOX 489

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
Cell Phone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D327961

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1486.45**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address 350 Granite Street	<b>Transaction ID:</b> D327964 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div>
City Braintree State MA Zip Code 02184 Purpose of Disbursement Office Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>533.32</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address 350 Granite Street City Braintree State MA Zip Code 02184 Purpose of Disbursement Office Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D327965 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>429.88</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO BOX 1270 City Newark State NJ Zip Code 07101 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D323750 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3233.44</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**4196.64**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)  
AMTRAK

Mailing Address 60 Massachusetts Ave, NE

City Washington State DC Zip Code 20000

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D323752

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

366.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
FEDEX

Mailing Address PO BOX 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement  
Deliveries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D323762

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

75.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
IAN Travel Services

Mailing Address 10440 N. Central Expressway  
Ste. 400

City Dallas State TX Zip Code 75237

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D323751

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

692.41

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 77 W. Wacker Dr.

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D323757

Date of Disbursement

/   /

Amount of Each Disbursement this Period

543.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 77 W. Wacker Dr.

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D323760

Date of Disbursement

/   /

Amount of Each Disbursement this Period

620.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
USPS Headquarters

Mailing Address 475 L'Enfant Plaza, SW

City Washington State DC Zip Code 20260

Purpose of Disbursement  
Postal Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D323756

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) USPS Headquarters	Transaction ID: D323765 Date of Disbursement 08 / 04 / 2008
	Mailing Address 475 L'Enfant Plaza, SW	
	City Washington State DC Zip Code 20260	Amount of Each Disbursement this Period 85.00
	Purpose of Disbursement Postal Service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) USPS Headquarters	Transaction ID: D323766 Date of Disbursement 08 / 04 / 2008
	Mailing Address 475 L'Enfant Plaza, SW	
	City Washington State DC Zip Code 20260	Amount of Each Disbursement this Period 87.09
	Purpose of Disbursement Postal Service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D323768 Date of Disbursement 08 / 04 / 2008
	Mailing Address PO BOX 489	
	City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period 113.98
	Purpose of Disbursement Cell Phone Service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional) .....		0.00
TOTAL This Period (last page this line number only) .....		



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO BOX 489	<b>Transaction ID:</b> D323769 <b>Date of Disbursement</b> <div> <div>08</div> <div>04</div> <div>2008</div> </div>
City Newark State NJ Zip Code 07101 Purpose of Disbursement Cell Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>369.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Kristen DeFilippe Mailing Address 4 Sealand Dr. City Newtown State CT Zip Code 06470 Purpose of Disbursement Postage and Mileage Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D323776 <b>Date of Disbursement</b> <div> <div>08</div> <div>04</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>222.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Kristen DeFilippe Mailing Address 4 Sealand Dr. City Newtown State CT Zip Code 06470 Purpose of Disbursement Mileage Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D323778 <b>Date of Disbursement</b> <div> <div>08</div> <div>04</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>180.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**222.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

U.S. Postmaster

Mailing Address 620 Mamaroneck Ave

City State Zip Code  
White Plains NY 10605

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D323779

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Amount of Each Disbursement this Period

42.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

43510.86

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)

Tim Ryan for Congress

Mailing Address 438 North Rhodes Avenue

City Niles State OH Zip Code 44446

Purpose of Disbursement  
Contribution

Candidate Name  
Tim Ryan

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: D327931

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

2000.00

Form/Schedule: **F3A**  
Transaction ID:

Report is amended to update Column B figures.